



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATIONS  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE, 2<sup>ND</sup> FLOOR  
NASHVILLE, TENNESSEE 37243  
<http://tennessee.gov/health/topic/Chiro-board>**

**EXTERNSHIP/TEMPORARY LICENSE REQUEST**

Tennessee only issues temporary licensure to those individuals who are scheduled to take either Part 3 or 4 of the National Board of Chiropractic Examiners (NBCE) examination. Complete this form only if you are eligible to sit for the next scheduled NBCE exam and are requesting an externship to work in Tennessee.

**TO BE COMPLETED BY APPLICANT**

**PLEASE PRINT IN INK**

I, \_\_\_\_\_, an applicant for licensure

(Applicant's Name)

By examination, do hereby request a temporary license for use until receipt of my examination results. The Tennessee Chiropractic Physician who will be providing my supervision is: \_\_\_\_\_

(Supervisor's Name/License Number)

The name and address of the facility where the externship/temporary license will be used is:

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EXTERNSHIP AFFIDAVIT OF SUPERVISOR**

**PLEASE PRINT IN INK (To be completed by supervisor in the presence of a notary public)**

I, \_\_\_\_\_, will have

(Supervisor's Name)

responsibility for direct supervision of the chiropractic services delivered by the above-named applicant, who has applied for licensure as a Chiropractic Physician in Tennessee, during the tenure of his/her externship.

\_\_\_\_\_  
(Supervisor's Name)

\_\_\_\_\_  
(License #)

Supervisor's Facility Address:

\_\_\_\_\_

AFFIX SEAL

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Public